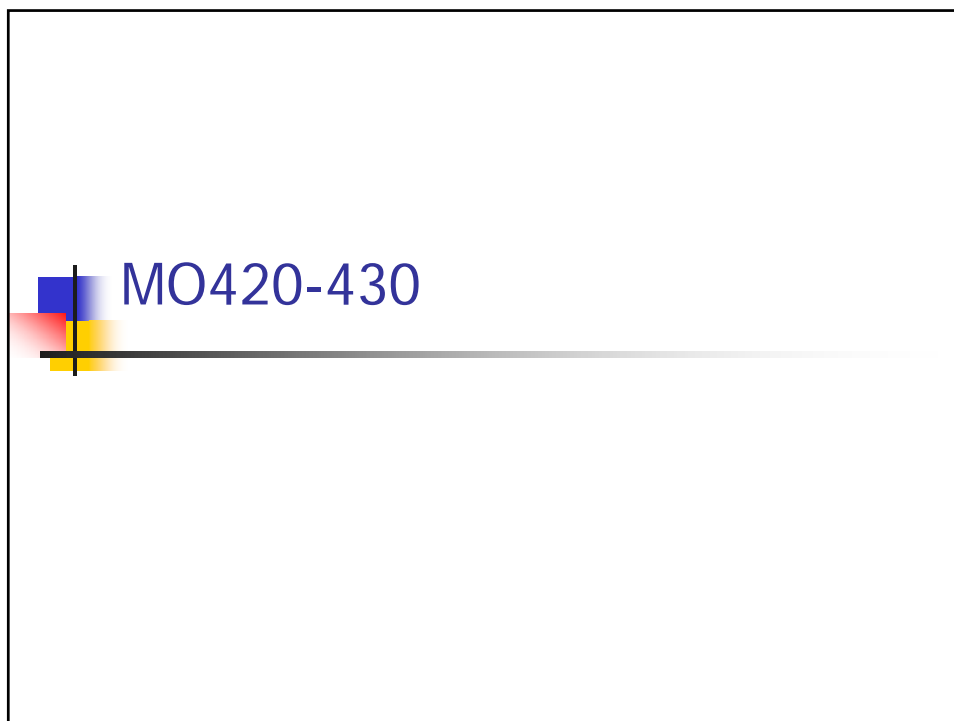


## Two-Day OASIS Training



<div>MO420</div> <div><b>OASIS ITEM:</b></div> <div>(M0420) Frequency of Pain interfering with patient's activity or movement:</div> <div><input type="checkbox"/> 0 - Patient has no pain or pain does not interfere with activity or movement <input type="checkbox"/> 1 - Less often than daily <input type="checkbox"/> 2 - Daily, but not constantly <input type="checkbox"/> 3 - All of the time</div> <div><b>DEFINITION:</b></div> <div>Identifies frequency with which pain interferes with patient's activities, with treatment if prescribed.</div> <div><b>TIME POINTS ITEM(S) COMPLETED:</b></div> <div>Start of care Resumption of care Follow-up Discharge from agency – not to an inpatient facility</div>
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## MO430

### OASIS ITEM:

(M0430) **Intractable Pain:** Is the patient experiencing pain that is not easily relieved, occurs at least daily, and affects the patient's sleep, appetite, physical or emotional energy, concentration, personal relationships, emotions, or ability or desire to perform physical activity?

- ☐ 0 - No
- ☐ 1 - Yes

### DEFINITION:

Identifies the presence of intractable pain, as defined in the item. To be considered 'intractable,' the pain must meet all three criteria listed in the item:

- not be easily relieved,
- be present at least daily, and
- affect the patient's quality of life as outlined in the item wording.

### TIME POINTS ITEM(S) COMPLETED:

Start of care  
Resumption of care  
Discharge from agency – not to an inpatient facility

## MO430- Presence of Intractable Pain

- **Intractable pain:**
  - **Is not easily relieved.**
  - **Occurs at least daily.**
  - **Affects sleep, appetite, physical or emotional energy, concentration, personal relationships, emotions, or ability or desire to perform physical activities.**



## PAIN

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- **M0420 addresses only frequency of pain.**
- **An in-depth assessment is required for patients.**
- **M0420 & M0430 were designed for outcome measurement & risk adjustment.**



## Assessment Strategies

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- **Use both observation & interview**
- **Interviewing for presence & severity of pain is essential.**
- **Responses to pain vary widely based on personality, culture, & other factors.**
- **Focus first on whether or not patient acknowledges pain.**



## Questions to Consider

**If: Patient denies current pain**

**Then: Ask if pain occurs but has been relieved or controlled by medication or other methods.**

**If: The pain is being controlled...**

**Then: Determine if it interferes with activity of movement and how often.**



- **Well-controlled pain may not interfere with activity or movement at all.**
- **A patient may still experience interference from pain even with treatment.**
- **Assess what is true on the day of the visit.**



## Pain During Activity

- **Assess usual presence of pain.**
- **Observe patient for signs of pain during ADLs & IADLs.**
- **Listen to what patient is telling you & ask more questions, if necessary.**



## Assessing a Nonverbal Patient

- **When assessing a nonverbal patient or one who denies pain, observe:**
  - **Facial expressions (frowning, gritting teeth).**
  - **Change in pulse, respiration, perspiration, pallor, pupil size.**
  - **Irritability.**
  - **Reluctance.**
- **All indicate that pain is present & influencing activity.**
- **Verify with caregiver & confirm frequency.**
- **Visual analog scale is useful for nonverbal, but responsive patient.**



## Monitor Throughout Assessment

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- **Look for signs of pain:**
  - **Facial expressions**
  - **Movement**
  - **Body positioning**
  - **Tone of voice**
- **Discuss:**
  - **When pain occurs**
  - **Activities it interferes with**
  - **How often interference occurs**



## Challenge 1

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- **A patient's answers are the only way to determine if he/she is experiencing pain.**

**True or False???**



## Challenge 2

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**If pain is well controlled with pharmacologic or nonpharmacologic treatment & does not interfere with activity or movement, what is the response to M0420?**

- **0-Patient has no pain or pain does not interfere with activity or movement**
- **1-Less often than daily**
- **2-Daily, but not constantly**
- **3-All of the time**